Healthy Child Care Newsletter

Fall/Winter ★ Missouri Dept. of Health and Senior Services ★ www.health.mo.gov ★ Volume 15 Number 3

New Crib Regulations Effective December 28

Beginning December 28, 2012, any crib used at child care facilities and family child care homes must meet new and improved federal safety standards. The Section for Child Care Regulation will need to see the following information during inspections, to assure that cribs in child care facilities comply with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.

- A tracking label or registration form for each crib indicating that the crib was manufactured after June 28, 2011.
- If a crib was manufactured prior to June 28, 2011, a Children's Product Certificate (CPC) or test report from a Consumer Product Safety Commission (CPSC) - accepted third party lab is the preferred way to demonstrate compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.

1. Why has this changed?

The Consumer Product Safety Improvement Act of 2008 (CPSIA) directed the U.S. Consumer Product Safety Commission (CPSC) to issue new crib standards and apply them to (among others) "any person that…based on the person's occupation, holds itself out as having knowledge or skill particular to cribs, including child care facilities and family child care homes."

The CPSIA does not provide any exclusion for churches. If a church operates a child care facility, the cribs it provides must comply with the CPSC's crib standards.

Beginning December 28, 2012, any crib used by child care facilities and family child care homes must meet new and improved federal

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safety standards. The new standards took effect for manufacturers, retailers, importers and distributors on June 28, 2011. The new standards address deadly hazards previously seen on cribs.

It's important to know that the new standard affects far more than just drop side cribs. A crib's mattress support, slats, and hardware are now required to be more durable and manufacturers will have to test to more stringent requirements to prove compliance. There is a poster at www.cpsc.gov/nsn/cribrules.pdf identifying the new requirements, called, "A Safer Generation of Cribs. New Federal Requirements."

The five new federal requirements are:

- Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits are not allowed.
- Wood slats must be made of stronger woods to prevent breakage.
- Crib hardware must have anti-loosening devices to keep it from coming loose or falling off.
- Mattress supports must be more durable
- Safety testing must be more rigorous.

2. Are Pack 'N Plays or play yards affected by the regulation?

Enclosures with mesh or fabric sides are considered to be play yards and are not subject to this set of crib standards. SCCR currently allows Pack 'N Plays and play yards to be used in child care, however, the CPSC has proposed changes for these as well. The proposed changes for these rules are currently in the comment period. When/if these proposed changes become law, SCCR will expect providers to conform to the new requirements. Comments about the new standards can be made and reviewed at: http://www.regulations.gov/#!documentDetail;D=CPSC-2011-0064-0030.

3. What do you expect to see, to demonstrate that the rule is being met?

NOTE: Receipts alone are not an indicator of compliance and should only be used to support the documents described below when determining compliance.

- If the tracking label or registration form on the crib indicates that the crib was manufactured after June 28, 2011, no additional documentation is necessary to determine compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.
- If the crib was manufactured prior to June 28, 2011, a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab is the preferred way to demonstrate compliance with 16 C.F.R. part 1219 or 16 C.F.R part 1220. While manufacturers, importers, and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents to consumers upon request, or they post them on their websites.

4. What if the crib does not have a tracking label or registration form affixed to it?

- If the crib was purchased prior to June 28, 2011, and does not have a tracking label or registration form, it is not likely that it meets the current CPSC standards. However, consumers may contact the manufacturer or retailer to determine which, if any, standard to which the crib has been certified. It needs to state that it is in compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220 to demonstrate that it meets the new standards.
- If the crib was purchased after June 28, 2011, and it does not have a tracking label or registration form, contact the CPSC's Office of Compliance and Field Operations at jjirgl@cpsc.gov. CPSC Compliance staff will use this information when following up with the manufacturer or importer.

5. What is our authority and how do we document it?

Missouri Revised Statute 210.1007.3 states, "…If the department discovers an unsafe children's product, the facility shall be instructed to immediately dispose of the product. If a facility fails to dispose of a product after being given notice that it is unsafe, it shall be considered a violation under the inspection."
SCCR has provided notice to providers about the new crib requirements during 2011 and 2012 by:

1. Providing the poster, "Child Care Providers: Your Guide to new Crib Standards" during inspections.
2. Notification via the *Healthy Child Care Newsletter*.

3. Postcards mailed to all regulated providers in December, 2012.

Rule violations will be cited under:

- 19 CSR 30-62.092(1)(A) All furniture and equipment shall be constructed safely, in good condition and free of sharp, loose or pointed parts. Only lead-free paint shall be used.

OR

- 19 CSR 30-61.095(1)(A) All furniture and equipment shall be constructed safely, in good condition and free of sharp, loose or pointed parts. Only lead-free paint shall be used.

OR

- 19 SCR 30-60.100(1) The premises of all facilities shall be safe and suitable for the care of children.

6. Definitions from CPSC:

Registration form means a postage-paid consumer registration form provided by the manufacturer with each product. Registration forms must identify the manufacturer's name and contact information, model name, model number, and the date of manufacture.

Tracking label means a permanent, distinguishing mark on the product and its packaging, to the extent practicable, which must contain certain basic information, including the source of the product, the date of manufacture, and cohort information, such as batch or run number.

Children's Product Certificate (CPC) means a certificate provided by the manufacturer or importer to the retailer or distributor of a children's product. The certificate must accompany the product through commerce and be provided to the retailer or distributor. The CPC certifies that such children's product complies with applicable children's product safety rule(s) based on the testing by a third party conformity assessment body accredited and accepted by the Commission to conduct such tests and identifies: the product covered by the certificate; the safety regulation to which the product is being certified; the importer or domestic manufacturer; contact information for the individual maintaining records of test results; date and place where the product was manufactured; date and place where the product was tested; and identification of the third party laboratory on whose testing the certificate depends.

Flu Q&A

Centers for Disease Control and Prevention has updated information on the 2012-2013 influenza season.

www.cdc.gov/flu/about/season/flu-season-2012-2013.htm

Get vaccinated

Stay home when ill

Cover cough and sneezes

Wash your hands

Eat healthy

Avoid close contact

Get enough sleep

Preventing Whooping Cough

Staff Should Get Tdap Vaccine to Protect Themselves and the Children in Their Care

Missouri has seen an increase in confirmed and probable cases of pertussis through the first half of 2012. Pertussis (whooping cough) is a highly contagious, vaccine-preventable respiratory disease that can be passed easily from person-to-person. Pertussis is caused by a bacteria found in the mouth, nose and throat of an infected person and is spread when that person coughs, sneezes or talks. Pertussis is a year-round disease that typically peaks in the fall and winter during cold and flu season. The best way to protect against pertussis is vaccination.

Infants and Children: The recommended pertussis vaccine for children is called DTaP. For maximum protection against pertussis, children need five DTaP shots.

- The first three shots are given at 2, 4 and 6 months of age.
- The fourth shot is given at 15 through 18 months of age.
- The fifth shot (booster dose) is given when a child enters school, at 4 through 6 years of age.

11 years through Adulthood: The Centers for Disease Control and Prevention recommends a single booster (Tdap) for 11 year olds through adulthood and especially for those who are in close contact with a baby, including parents, siblings, grandparents and caregivers. Tdap is required for students beginning in the eighth grade.

Pertussis most commonly affects infants and young children and can be fatal, especially in babies under one year of age. Unvaccinated children are more likely to get pertussis than fully immunized children. Adults are responsible for transmitting more than half of the whooping cough cases diagnosed in infants and young children.

Pertussis usually starts with cold and flu-like symptoms and after about two weeks, the coughing becomes more severe. Pertussis is known for uncontrollable coughing which can make it hard to breathe. After a coughing episode, someone with pertussis needs to take deep breaths which often times can result in a "whooping" sound. After an episode, the patient commonly vomits and feels very tired. Between episodes, there may be no signs of illness. Pertussis can last for weeks and even months if not treated early.

Talk to your staff and the families enrolled at your facility about getting vaccinated against pertussis today!

For more information about pertussis, visit the Missouri Department of Health and Senior Services' website at www.health.mo.gov/pertussis.

TBI

in early childhood

Traumatic brain injury (TBI) is the leading cause of disability and death among children and young adults in the United States. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild" to "severe." The majority of TBIs that occur each year are concussions or other forms of mild TBI. Populations at highest risk are in the age groups of 0-4, 15-24 and 85 years and older. Falls/jumps are the leading cause of TBI in the 0-4 and 85 and over age groups.

A concussion is a type of mild traumatic brain injury caused by a fall, blow to the head or a force that causes a sudden jolt, such as a motor vehicle accident or an event that causes head to move back and forth suddenly. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a "mild" brain injury because concussions are usually not life threatening. Even so, their effects either immediately or later in development can be serious for some children.

Some children may show more long-lasting effects of a TBI. Most of these children will have had a more serious injury with long-term effects less common for children who sustained a mild TBI.

These effects could include difficulties in the areas of:

- Paying attention
- Learning new information
- Managing their own behavior, their work and responsibilities
- Mood
- Academic performance
- Language
- Social Skills
- Problem Solving

In the first two to six weeks after a TBI, some children may experience:

- Headache
- Dizziness
- Nausea
- Sensitivity to light or noise
- Confusion
- Problems paying attention and following directions
- Fatigue and/or disturbed sleep
- Trouble expressing themselves clearly
- Difficulty thinking and learning
- Changes in behavior (e.g., changes in activity levirritability)

While a blow or jolt to the head of a child seemed harmless at the time, it is important to document this event and discuss with a healthcare provider if later consequences should appear.

- When and how the injury occurred: (Include cause and force of the hit to the head, type of surface or object struck, and location of head where the blow occurred.)
- Any/all changes (possible signs and symptoms) observed following the blow to the head
- Duration of any of the noted changes (signs and symptoms)

Children who experience one or more of the signs and symptoms (listed above) following a blow to the head should be referred to a health care professional for further evaluation. Parents should be provided a copy of the documentation. This will be valuable information as they continue to observe or should they seek evaluation by a health care professional. An incident report form specific to documenting an injury to the head may be found at health.mo.gov/tbi/index.php.

Documentation

Document any and all changes observed follwing the blow to the head:

Vomiting

Decreased strength, coordination or balance

Decreased ability to lift or hold head

Decreased sucking/swallowing

Decreased language/communication, smiling

Decreased tolerance to light/rubbing of eyes

Extreme irritability/increased crying

Swelling of the soft spot

Unequal pupil size of eyes/unable to focus eyes

Sleep changes

Appearing dazed or confused

Loss of consciousness

Acting as if head hurts (headache)

Traumatic Brain Injury Resources

Missouri Department of Health and Senior Services
health.mo.gov/living/healthcondiseases/tbi/index.php

Brain Injury Association of America
www.biausa.org

Centers for Disease Control & Prevention
www.cdc.gov

Brain Injury Association of Missouri
www.biamo.org/

LearnNet
www.projectlearnet.org/index.html

Project Brain
www.tndisability.org/coalition_programs/project_brain

Traumatic Brain Injury Networking Team Resource Network
cokidswithbraininjury.com/

BrainLine Kids
Brainline.org

"The Simple, Science-Baked Way to Nurture Your Child's Developing Mind from Birth to Age 3 Bright from the Start." by Dr. Jill Stamm, Ph.D.

Eat SMART

Childhood obesity has become a significant problem in this country, even among preschool-aged children. Recent data indicate that approximately 16% of children ages 2 to 5 are overweight or obese. The Missouri Eat Smart Child Care, which is voluntary program, was initiated by Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) to encourage child care facilities to offer healthier foods in an environment that is supportive of, and encourages healthy eating and meal time behaviors. Eat Smart Guidelines, which are the standards upon which the Missouri Eat Smart Child Care initiative are based, are evidence-based nutrition and environment standards that are more healthful than the minimum standards required by Child Care Licensing or the Child and Adult Care Food Program (CACFP). The intermediate and advanced achievement levels of the Eat Smart Guidelines have increasingly higher nutrition and environmental requirements that have been shown to be successful in preventing excessive weight gain and establishing overall healthy eating habits.

Eat Smart achievement is a total team effort. Teachers, cook, and administrators must make a conscientious commitment to provide healthier meals and snacks to the children served by the organization. To qualify for the Eat Smart recognition, the centers must participate in the CACFP and meet at least the intermediate achievement level standards with respect to menus, food labels and environmental factors that relate to nutrition habits and meal service.

Eat Smart centers are to be highly praised on their accomplishments to promote healthy eating on a daily basis for the children in their care. MDHSS-BCFNA commends these child care centers for being leaders in promoting good nutrition and healthy eating environments for the children of Missouri. We hope their shining example will encourage other child care centers around the state to take the Missouri Eat Smart Child Care challenge.

In next issue's Healthy Childcare Newsletter: Economic Security Corporation, based in Joplin, MO, and 14 of its Head Start centers, along with Hope Child Care Center of Republic, MO and Community Child Development Center of Macon, MO have been approved as Missouri Eat Smart Child Cares and will be recognized.

Eat SMART

Child Care Recognition Awards

Children's Learning Center of Camden County, in Camdenton, MO, was recognized for meeting the advanced level of the Missouri Eat Smart Guidelines in September 2012. Children's Learning Center is the first child care facility in the Lake area and the 14th child care facility in Missouri to achieve and be recognized for the Missouri Eat Smart guidelines. Executive Director, Lynn Weber, and Food Services Director, Catrina Butts, were recognized for the distinction of being an advanced level Missouri Eat Smart Child Care facility (photo) by Sarah Gaines, Nutrition Consultant, Bureau of Community Food and Nutrition Assistance (BCFNA) on September 12, 2012.

Creative Kids Learning Center in Rolla, MO was recognized as an Advanced Missouri Eat Smart childcare center in October 2012. Creative Kids is the 3rd child care facility in Missouri to be recognized for the advanced level of the Missouri Eat Smart Guidelines and the 15th child care facility to be recognized as a Missouri Eat Smart center. On October 25, Sarah Gaines, Nutrition Consultant, BCFNA, recognized Patricia McCormack for achieving the advanced level of the Guidelines. Rolla Mayor, Bill Jenks III, was in attendance at the recognition ceremony to honor Creative Kids Learning Center in its outstanding accomplishment.

Children's Learning Center of Camden County receives recognition for being a Missouri Eat Smart Child Care facility.

(L to R) Sarah Gaines, Bureau of Community Food and Nutrition Assistance, recognizes Lynn Weber and Catrina Butts of Children's Learning Center for achieving the Advanced level of the Missouri Eat Smart Guidelines.

Patricia McCormack, Creative Kids Learning Center, accepts a certificate of recognition from Sarah Gaines, Bureau of Community Food and Nutrition Assistance, for achieving the Advanced level of the Missouri Eat Smart Guidelines.

'Crib Sheet': Tips for parents, grandparents and babysitters on ways to reduce the risk of food poisoning in households with small children.

Handling and Storage of Baby food:

Young children are at particular risk for foodborne illness, in part because they have developing immune systems that are not strong enough to combat dangerous pathogens. Their lower body weight allows smaller doses of pathogens to have a greater impact on their health, and compared to adults they have reduced stomach acid production. These acids help to contain dangerous bacteria that enter the body.

- When reheating solid foods that have been cooked and stored in the freezer or the refrigerator, the internal temperature of the food must reach 165 °F, as checked with a food thermometer, to ensure bacteria have been killed.
- If using a microwave to reheat food, make sure that you stir or rotate the food during heating to produce an even heat.
- Because microwaves produce hot and cold spots in foods, you must stir the food well after heating and check the temperature of the food in several spots.
- After checking the temperature with a thermometer, allow the food to sit, covered, until it reaches an appropriate serving temperature.
- Never defrost food at room temperature. There are three safe ways to defrost food: in the refrigerator, in cold water, and in the microwave. Food thawed in cold water or in the microwave should be cooked immediately.
- Do not feed a baby directly from a container or jar of baby food. Otherwise, any leftover food will have to be discarded because it has been contaminated by the baby's saliva. Instead, use a clean spoon to take out a portion of food and place it into a clean bowl to feed the baby.
- Heat only the portion of food removed from the jar.
- Refrigerate un-served portions of baby food in the original container or jar at 40 °F or below after labeling the jar with the date it was opened.

www.fightbac.org

Training

Transitioning to Electronic Record Keeping

The Section for Child Care Regulation (SCCR) is transitioning to an electronic record keeping system for recording annual training clock hours. As a professional in the child care industry, you need a Missouri Professional Development ID (MOPD ID) to give to trainers when attending clock hour training. The MOPD ID can be obtained easily and instantly at https://www.openinitiative.org/MOPDIDSignUp.aspx. Assistance is available for providers without internet access. Please contact OPEN to ask for help in obtaining a MOPD ID at 877-782-0185.

When you attend an approved training, the trainer will ask you to provide your MOPD ID. After the training, the trainer will submit your attendance to your electronic record using your MOPD ID. Eventually Child Care Facility Specialists will be viewing your electronic record to monitor compliance for annual clock hour training. For now, trainers will submit your attendance electronically and provide you with a certificate.

An exciting part of the new electronic system is that you will be able to view the Missouri Workshop Calendar (www.moworkshopcalendar.org) to verify that a training event is approved by DHSS for clock hour requirements. You can search for training by zip code, topic, and other categories to make your search for approved training easier.

SCCR requires all training to be approved and posted on the Missouri Workshop Calendar, but there are a few exceptions:

- Training provided by a Child Care Health Consultant (CCHC) is approved, though it may not be listed on the calendar. CCHCs can provide a letter showing that they are approved to provide training through December 31, 2014.
- Any training that was approved by DHSS prior to February 2012 will remain approved through December 31, 2014. These training events will have a DHSS approval number that must be printed on your certificate.
- Some national and regional events are pre-approved. These events are listed on the "Pre-approved events" tab on the Missouri Workshop Calendar.
- Over 650 online training courses are now available. A list of these online training options is available on the "On Demand" tab on the calendar.

DIRECTORS:
Directors who would like information on how to maintain your staff's training records electronically may contact OPEN at 877-782-0185. You will learn how to assign staff to your facility so that you may review all of their training records on one report! Directors can submit this report to their Child Care Facility Specialist to demonstrate that everyone has received their training each year.

TRAINERS:
If you would like information on submitting a clock hour training application for approval, please see the Getting Started link on the Missouri Workshop Calendar where you will find a helpful video and User Guide. Training applications are submitted through the Missouri Workshop Calendar. After your training is approved you must publish it on the calendar. Closed training sessions may be marked as private. After the training is held, trainers must submit attendance through the calendar so that staff attendance will be recorded electronically.

*OPTIONAL:

Enroll in the *Missouri Professional Development Registry*

The Missouri Professional Development Registry, or MOPD Registry, is a system that collects and verifies child care provider employment, education, and training records. Anyone who works directly with children or youth, or who provides professional development for those professionals may participate. You have the option of enrolling in the registry at www.openinitiative.org to maintain your verified professional achievements in the early childhood, school-age/after-school, and youth development field. This information can be very valuable as you continue your child care career.

OTHER TRAINING REMINDERS:

- Training hours may not be carried forward from one year to the next.
- Check that training is DHSS approved prior to attending.
- There is no limit to the number of training hours that may be earned online.
- Training questions may be sent to CCTraining@health.mo.gov.

SESAME STREET Helps Families Plan for Emergencies

In recent years a series of emergencies and disasters have occurred in Missouri. These events have left communities powerless for weeks and forced evacuation of families and communities.

On May 22, 2011 one of the most devastating tornadoes tore through the town of Joplin. It was a Sunday afternoon. If that tornado had occurred 24 hours later, 19 child care facilities and 600 children would have been in harm's way.

The recent national news about Hurricane Sandy might have you thinking once again about what would happen in the event of an emergency or disaster. FEMA has joined with Sesame Street in creating several videos that will help you and your children prepare for what you would do in the event of an emergency. Take time to share these videos with your children and talk about what they should do in the event of an emergency at your child care facility.

SESAME STREET and its partners have released a video *Let's Get Ready! Planning Together for Emgergencies.* View the video at: www.sesamestreet.org/parents/topicsandactivities/toolkits/ready.

Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to assure that recalled products are not in use at their homes or centers.

The CPSC's toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at www.cpsc.gov.

This quarter we are highlighting three products which are commonly found in child care that have recently been recalled.

News Release

FOR IMMEDIATE RELEASE
September 6, 2012
Release #12-273

Firm's Recall Hotline: (800) 506-4636
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Death of Child Prompts Recall of Window Blinds by Blind Xpress

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission (CPSC), in cooperation with Blind Xpress of Livonia, Mich. is announcing the recall of about 139,000 custom-made vertical and 315,000 horizontal blinds. In 2009, a 2-year-old girl from Commerce Township, Mich. reportedly strangled in the loop of a vertical blind cord that was not attached to the wall or floor.

Blind Xpress custom vertical blinds have an adjustment cord that forms a loop that is not attached to the wall or floor. In some instances, this loop has a weighted device at the bottom. The custom horizontal blinds do not have inner cord stop devices to prevent the accessible inner cords from being pulled out. A child can become entangled in a cord loop and strangle.

This recall involves all Blind Xpress custom-made vertical blinds that do not have a cord-tensioning device that attaches to the wall or floor, as well as all horizontal blinds that do not have inner cord stop devices.

The blinds were sold at various blind specialty stores in Michigan, Ohio and Indiana from January 1995 through December 2011 for between $16 and $380. These blinds were manufactured in the United States.

CPSC urges consumers to immediately stop using the window coverings and contact the Window Covering Safety Council (WCSC) to receive a free repair kit. For more information, contact the WCSC toll-free at (800) 506-4636 anytime or visit www.windowcoverings.org.

News Release

FOR IMMEDIATE RELEASE
July 27, 2011
Release #12-247

Firm's Recall Hotline: (866) 898-4999
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Baby Seats Recalled for Repair by Bumbo International Due to Fall Hazard

Consumers should order free repair kit

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Bumbo Baby Seats

Units: About 4 million in the U.S. Note: In October 2007, 1 million Bumbo seats were voluntarily recalled to provide additional warnings against use on raised surfaces.

Manufacturer: Bumbo International Trust, of South Africa

Hazard: Babies can maneuver out of or fall from the Bumbo seat, posing a risk of serious injuries.

Incidents/Injuries: CPSC and Bumbo International know of at least 50 incidents after the October 2007 voluntary recall in which babies fell from a Bumbo seat while it was being used on a raised surface. Nineteen of those incidents included reports of skull fractures. CPSC and Bumbo International are aware of an additional 34 post-recall reports of infants who fell out or maneuvered out of a Bumbo seat used on the floor or at an unknown elevation, resulting in injury. Two of these incidents involved reports of skull fractures, while others reported bumps, bruises and other minor injuries.

Description: The bottom of the Bumbo seat is round and flat with a diameter of about 15 inches. It is constructed of a single piece of molded foam and comes in various colors. The seat has leg holes and the seat back wraps completely around the child. On the front of the seat in raised lettering is the word "Bumbo" with the image of an elephant on top. The bottom of the seat has the following words: "Manufactured by Bumbo South Africa Material: Polyurethane World Patent No. PCT: ZA/1999/00030." The back of the seat has several warnings and seats manufactured since 2008 have an additional label on the front of the seat warning against use on raised surfaces.

Sold at: Sears, Target, Toys R Us (including Babies R Us), USA Babies, Walmart, and various other toy and children's stores nationwide, and various online sellers, from August 2003 through August 2012 for between $30 and $50.

Manufactured in: South Africa

Remedy: Consumers should immediately stop using the product until they order and install a free repair kit, which includes: a restraint belt with a warning label, installation instructions, safe use instructions and a new warning sticker. The belt should always be used when a child is placed in the seat. Even with the belt, the seat should never be used on any raised surface. Consumers should also immediately stop using Bumbo seat covers that interfere with the installation and use of the belt. A video demonstrating proper installation of the restraint belt and proper use of the Bumbo seat are available at www.BumboUSA.com

Consumer Contact: Order the free repair kit by visiting www.recall.BumboUSA.com or calling (866) 898-4999 between 8 a.m. and 5 p.m. CT Monday through Thursday and between 8 a.m. and 12:30 p.m. CT on Friday. Do not return the Bumbo seat to retailers as they will not be able to provide the repair kit.

News Release

FOR IMMEDIATE RELEASE
July 27, 2011
Release #12-247

Firm's Recall Hotline: (866) 898-4999
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Children's Apparel Network Recalls Fleece Hoodie and T-Shirt Sets Due to Violation of Lead Paint Standard; Sold Exclusively at Target

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Fleece Hoodie and T-Shirt Sets

Units: About 6,200

Manufacturer: Children's Apparel Network, Ltd. of New York, N.Y.

Hazard: The surface coating on the zipper of the fleece hoodie and t-shirt sets contain excessive levels of lead, violating the federal lead paint standard.

Incidents/Injuries: None reported

Description: The recalled product is a two-piece coordinated set with fleece hoodie and t-shirt. They were sold in red/white, gray/red, and black/blue color combinations and in assorted sizes from 12M to 5T. The hoodies have Disney character designs in three different styles. "RN 16435" and the following identification number, corresponding to the style, are printed on the label along the hoodie's side seam.

Sold exclusively at: Target stores nationwide and Target.com from October 2011 through December 2011 for approximately $18.

Manufactured in: Pakistan

Remedy: Consumers should take the product away from the child immediately and return the set to any Target store for a full refund.

Consumer Contact: For additional information, contact Children's Apparel Network at (800) 919-1917 between 9 a.m. and 4 p.m. CT Monday through Friday, or visit the firm's website at www.childrensapparelnetwork.com.

Child Care Providers

Protect Against Flu and Whooping Cough

Child Care Providers Need:

- ✓ Flu vaccine every year
- ✓ Tdap vaccine to protect against whooping cough

Kids, parents and co-workers depend on YOU to get your immunizations.

Protect Yourself

Child care providers can catch all sorts of illnesses. By getting immunized you can prevent most cases of the flu and whooping cough.

Protect Children

You can spread the flu and whooping cough to the children you care for even before you feel sick. Children can become seriously ill from these diseases.

Avoid Missing Work

If you get sick you can miss weeks of work. Getting vaccinated will help keep you and those you care for healthy!

Have Questions?

Talk to your health care provider or local public health agency about any vaccines you may need.
For more information visit:
health.mo.gov/immunizations

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Partial support for this newsletter is provided by: U.S. Department of Health and Human Services HRSA Health Resources and Services Administration Maternal and Child Health Bureau